

## PART B - FEE(S) TRANSMITTAL

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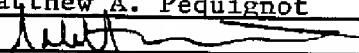
44362 7590 08/09/2010

Pequignot + Myers LLC  
90 North Coast Highway 101  
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Encinitas, CA 92024

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Matthew A. Pequignot	(Depositor's name)
	(Signature)
September 28, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/791,117	03/02/2004	Robert Geoffrey Ward	49-61 US	2616

**TITLE OF INVENTION: REAL TIME SEGMENTATION AND REASSEMBLY OF ASYNCHRONOUS TRANSFER MODE (ATM) ADAPTATION LAYER TWO (AAL2) AND AAL5 DATA**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/09/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALIA, CURTIS A	2474	370-395600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Matthew A. Pequignot  
2 Pequignot + Myers LLC  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JDS Uniphase Corporation

Milpitas, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501465 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date September 28, 2010

Typed or printed name

Matthew A. Pequignot

Registration No. 43,851

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